

STATE OF DELAWARE
COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

Form 323

CERTIFICATE OF PARTNER OR MEMBER

Name of Partner/Member: _____

Position With Applicant: _____

Nicknames or Aliases: _____

Social Security No.: _____ (ATTACH SEPARATE COPY)

Date of Birth: _____

Driver's License No.: _____ (ATTACH SEPARATE COPY)

Residential Address: _____

City/State/Zip: _____

Place of Employment: _____

Address: _____

City/State/Zip: _____

Employer Phone No.: _____

ATTACH CURRENT

2"X 2"

COLOR PHOTO

ACKNOWLEDGEMENT

I, _____, do hereby certify that I am
a partner/member of _____, a partnership
or unincorporated association doing business in the State of _____, I execute this
document with the understanding that it will be filed as part of an Application for to operate an
_____ in the State of Delaware, and I further certify that
the above information is true and correct as of this date, the ____ day of _____, 20__.

Signature of Partner/Member

Notary Public
My commission will expire on _____

FORM 323 EFFECTIVE 2/78

REVISED: 7/80, 8/01